



RESOURCE AND PATIENT MANAGEMENT SYSTEM

RPMS EHR End User Training and Go Live

Announcement and Agenda

January 28-February 1, 2013

Denver Indian Health and Family Services

Table of Contents

1.0	General Information	1
1.1	Purpose of End User Training and Go Live .. Error! Bookmark not defined.	
1.2	Prerequisites.....	1
2.0	Background.....	2
2.1	Health Information Technology for Economic and Clinical Health Act	2
2.2	Incentive Payments	2
2.3	Meaningful Use.....	3
3.0	Learning Objectives	4
3.1	Course Learning Objectives	4
4.0	RPMS EHR Consultants	6
4.1	Indian Health Service Office of Information Technology (OIT)	6
4.2	Albuquerque Area (ANTHC):	6
4.3	United South and Eastern Tribes (USET) REC:	6
5.0	Detailed Agenda	7

1.0 General Information

1.1 Prerequisites

This activity will be oriented towards Clinical Application Coordinators, Pharmacy Informaticist, Laboratory Informaticist, HIM Professionals, Site Managers, “EHR” Implementation Team Leaders” and other “EHR Team Members” involved with the set-up and implementation of EHR. This advanced activity assumes that participants are Intermediate to Advanced RPMS Users and have experience with RPMS

Packages to include:

- Patient Registration
- Scheduling
- Pharmacy
- Laboratory
- Radiology
- Patient Tracking
- Diabetes Management System
- Immunization
- Women’s Health
- Clinical Reporting System
- Q-Man
- PCC Management Reports
- TIU

2.0 Background

On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides incentives to encourage healthcare organizations and office-based physicians to adopt electronic health records (EHRs) and other health information technology (HIT) solutions that reduce costs by improving quality, safety and efficiency. The American Recovery and Reinvestment Act contain numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

2.1 Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than \$19 billion towards healthcare IT related initiatives. The \$19 billion dedicated to HITECH is divided into two portions: (a) \$17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR, and (b) \$2 billion available to: providers located in qualifying rural areas; providers serving underserved urban communities; and Indian tribes. “Meaningful use” of an approved EHR will be required in order for providers to qualify for, and continue to receive, benefits from HITECH.

2.2 Incentive Payments

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Hospitals that demonstrate meaningful use of certified EHRs and other HIT could be eligible for between \$2 million to \$8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a “meaningful EHR user.” The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

2.3 Meaningful Use

“Meaningful use” is a term used by CMS to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs and EHs will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

Achieving meaningful use will be accomplished in three stages. Stage 1 began in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

For the 2011 Medicare incentives, EPs must report on three core measures and a set of specialty measures which vary depending on the EP’s specialty. Eligible hospitals must report on a set of 35 measures that includes emergency department, stroke and VTE, among other measures. 2011 reporting of clinical quality measures will be accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals must submit information electronically on both the health IT functionality and clinical quality measures.

3.0 Learning Objectives

The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:

- Provide access to comprehensive patient health data for patient's healthcare team.
- Use evidence-based order sets and computerized provider order entry (CPOE).
- Apply clinical decision support at the point of care.
- Generate lists of patients who need care and use them to reach out to those Patients
- Report information for quality improvement and public reporting.
- Use CPOE – 10%
- Implement drug-drug, drug-allergy, drug-formulary checks.
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT® - 80% of all patients have at least one problem recorded
- Generate and transmit permissible prescriptions electronically (eRx) – 75% of all prescriptions
- Maintain active medication list – 80% of all patients
- Maintain active medication allergy list – 80% of all patients have allergy or no allergy recorded.
- Record the following demographics: preferred language, insurance type, gender, race, and ethnicity, and date of birth. – 80% of all patients
- Record and chart changes in the following vital signs: height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over; plot and display growth charts for children 2 - 20 years, including BMI – 80% of all patients.
- Record smoking status for patients 13 years old or older – 80% of all patients.

- Incorporate clinical lab-test results into EHR as structured data – 50% of all clinical lab results ordered by provider.
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach – Generate at least one list
- Report hospital quality measures to CMS.
- Send reminders to patients per patient preference for preventive/follow-up care to at least 50% of patients with unique conditions.
- Implement five clinical decision support tools.
- Check insurance eligibility electronically from public and private payers – 80% of all patients.
- Submit claims electronically to public and private payers – 80% of all patients.

4.0 RPMS EHR Consultants

4.1 Indian Health Service Office of Information Technology (OIT)

- David Taylor, MHS, RPh, PA-C, RN, OIT EHR Training and Deployment Manager
- Phil Taylor, BA RN, Clinical Consultant (Contractor MedSphere)
- Mollie Ayala, MHI, OIT USET EHR Coordinator
- Catherine Whaley, PMP, EHR Project Manager (Contractor, Data Network Corporation)

4.2 Albuquerque Area (ANTHC):

- Wil Darwin, PharmD, Albuquerque Area Clinical Application Coordinator
- Karen Romancito, MT(ASCP), Albuquerque Area Laboratory Consultant

4.3 United South and Eastern Tribes (USET) REC:

- Kelly Samuelson, CAC Mentor, USET Contractor

5.0 Detailed Agenda

All times are Albuquerque Time!

Monday		
8:30	<p>Welcome and Introductions:</p> <p>All</p> <p>David Taylor, Wil Darwin, Phil Taylor</p> <p>At the end of this session participants should be able to:</p> <ul style="list-style-type: none"> Identify Participant Needs and Expectations Identify Roles and Responsibilities of the Clinical Application Coordinator, Site Manager, Informaticist, EHR, Super End User, EHR User, and EHR Team Review IHS EHR Web Page Review FTP site Listserv – archives RPMS enhancement request Project Management Plan Update 	
10:00	Break	
10:30	<p>TIU Templates</p> <ul style="list-style-type: none"> Delineate guidelines for TIU Templates Overview and demonstration of data objects Overview and discussion of decision tree (ex: PAP Normal, PAP Abnormal) Review importing and exporting templates 	
12:30	Lunch	
1:00	<p>Picklist</p> <ul style="list-style-type: none"> Create (ICD-9 & CPT) Review of basic troubleshooting and maintenance Demonstrate and discuss Importing and exporting 	
2:30	<p>Intake Template Configuration (Vitals)</p> <ul style="list-style-type: none"> Laboratory POC Add button 	
3:30	<p>David Taylor, Wil Darwin, Phil Taylor</p> <p>Generic Orders</p> <ul style="list-style-type: none"> Identify and create Nursing and Text Orders Overview and discuss Generic Order's Create and demonstrate generic order Review generic orders display in EHR <p>Orders</p> <ul style="list-style-type: none"> Identify and review the various Order Checks that may be activated by the EHR Team and CAC and determine the values that will be set for the facility ON DEMAND ORDER CHECK SET UP IN YOUR GUI – part of patch 7 and button to put into GUI template. 	
4:30	Adjournment	

Tuesday		
8:30	All David Taylor, Wil Darwin, & Kelly Samuelson Review Previous Days Activities	
9:00	David Taylor, Wil Darwin, Phil Taylor Patient Registration & Check In Documentation of Chief Complaint Intake <ul style="list-style-type: none"> • Chief complaint • Vital Signs • Tobacco • Alcohol • Domestic Violence • Depression Screening • Reproductive Factors • Medication Reconciliation • Adverse Reactions • Immunization Update 	
10:00	Break	
10:15	David Taylor, Phil Taylor, & Kelly Samuelson History & Physical Problem List & POV E&M and CPT Coding Treatment Plan <ul style="list-style-type: none"> • Laboratory Orders • Medication Orders • Radiology/Imaging Orders 	
11:30	Lunch –	
12:00	<ul style="list-style-type: none"> • Consults & Consult Tracking (to include Behavioral Health) • Patient Education 	
1:00	David Taylor, Wil Darwin, Phil Taylor Quick Notes <ul style="list-style-type: none"> • Demonstrate set up and implementation of Quick notes Identify steps to train others to use Quick notes	
2:30	Break	
2:45	Training Session <ul style="list-style-type: none"> • Problem List & Allergies 	
4:30	Adjournment	

Wednesday		
8:30	All Review Previous Days Activities	
9:00	Phil Taylor, David Taylor, Wil Darwin Medication Management <ul style="list-style-type: none"> • Outside Medications • Medication Reconciliation • Medication Orders • Medication Administered in Clinic • Printing a Prescription • Special Problems • Overview of e-Prescribing (Project Management Plan) • Pharmacy Interns 	
10:00	Break	
10:15	Continuation of Medication Management	
11:30	Lunch	
12:00	Phil Taylor Consults <ul style="list-style-type: none"> • Identify and create consults • Review and discuss closing a consult • Overview and demonstrate attaching a TIU template to a consult • Demonstrate how to run consult report and discussion of RPMS keys 	
2:30	Break	
2:45	Phil Taylor Advanced CAC Management <ul style="list-style-type: none"> • CAC Tools - Menus and Keys to be effective as an Advanced CAC –VC Manager • Demonstrate VC Manager • Demonstrate use of Trace Log • Identify when to use Trace Log • Overview and discuss TASKMAN • Demonstration of TASKMAN Management options • Overview and discuss VA Fileman • Demonstration of VA Fileman – inquire, search and print options 	
4:30	Adjournment	

Thursday		
8:30	All Review Previous Days Activities David Taylor, Phil Taylor, Wil Darwin	
9:00	David Taylor <ul style="list-style-type: none"> Coding Queue and Third Party Billing Concurrent End User Training 	
10:00	Break	
10:15	Phil Taylor and David Taylor Advanced Design Mode <ul style="list-style-type: none"> Review and demonstrate importing and exporting with VC Manager Demonstrate and create Well Child Module tab Discuss and demonstrate Program Launcher Concurrent End User Training	
11:30	Lunch	
12:00	David Taylor, Phil Taylor, Wil Darwin End User Training See a few Patients	
3:45	All Wrap-up and Evaluation of Activity: <ul style="list-style-type: none"> Questions and answers 	
4:30	Adjournment	

Friday		
8:30	All Review Previous Days Activities	
9:00	David Taylor <ul style="list-style-type: none">• Go Live & Troubleshooting (Patients)• Continued...• Wrap Up	
4:30	Adjournment	